



Accounting Services Division  
Corporate Accounts Payable

# Corporate Business Expense Claim

## Attendance at Conference/ Seminars/ Training, and Business Travel

Conference     Seminar     Training     Business Travel

This form should be submitted within 10 business days of return from the conference/seminar.  
Attach original approved "Request for Authorization Form" and all original receipts.

|   |   |                                     |   |  |
|---|---|-------------------------------------|---|--|
| Foreign Currency Exchange Rate**<br>Exchange Rate applied to convert from local currency to CAD = _____ (if applicable) |   |                                     | Invoice Number**<br>EXP/ MY02- MY02 /19 |  |
| Vendor Name**<br>Infrastructure Health and Safety Association <i>Surman, Daniel</i>                                     |   |                                     | Vendor Number**<br>1017779              |  |
| Division**<br>Economic Development and Culture  | Work Address**<br>100 Queen St. West, <i>6th FL, West</i> | Postal Code**<br>M5H 2N2            | Invoice Date** (m/d/yyyy)<br>02/26/2019 |  |
| Name of Conference / Seminar / Training / Business Travel**<br>Working at Heights - Fundamentals of Fall Protection     |   |                                     | Payment Amount**<br>\$0.00              |  |
| Start Date** (m/d/yyyy)<br>05/02/2019   |   | End Date** (m/d/yyyy)<br>05/02/2019 |   |  |

| Description  | GL Account**   | Cost Centre/ WBS Element/ Internal Order** | Functional Area** | Net Amount**   | HST**         | Total Including Taxes** |
|--|--|--|-------------------|----------------|---------------|-------------------------|
| Registration Fees  |  |  |                   |                |               | 0.00                    |
| Travel<br><input type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> Bus |  |  |                   |                |               | 0.00                    |
| Use of Personal Vehicle<br>kms X \$0._____/km  |  |  |                   |                |               | 0.00                    |
| Accommodation<br>days @ \$_____/day  |  |  |                   |                |               | 0.00                    |
| Ground Transportation<br>ie: taxis and car rental  |  |  |                   |                |               | 0.00                    |
| Ground Transportation<br>ie: taxis and car rental<br>*Foreign Transactions- NO TAX*                |  |  |                   |                |               | 0.00                    |
| Per Diem (See Bus. Expense Policy)<br>days @ \$_____/day   |  |  |                   |                |               | 0.00                    |
| Other (Please specify)   |  |  |                   |                |               | 0.00                    |
| Training   | 4310   | SE0010                                     | 156020000         | 130.00         | 16.90         | 146.90                  |
| <b>TOTAL EXPENSES</b>  |  |  |                   |                |               | <b>\$146.90</b>         |
| Less: Advances & Prepayments:<br>*Mandatory if applicable  | SAP Document Number / Pcard<br>5195-53 <i>1200014106</i> |  |                   |                |               |                         |
|  | transaction Number:                                      |  |                   |                |               |                         |
| Registration Fees  | <i>4310</i>  | <i>SE0010</i>                              | <i>156020000</i>  | <i>-130.00</i> | <i>-16.90</i> | <i>-146.90</i>          |
| Air Travel   |  |  |                   |                |               |                         |
| Advances (Conf/Sem)  | 4250   |  |                   |                |               |                         |
| Advances (Bus. Travel)   | 4204   |  |                   |                |               |                         |
| <b>Total Advances &amp; Prepayment Amount**</b>  |  |  |                   |                |               | <b>-146.90</b>          |
| <b>TOTAL PAYABLE TO INDIVIDUAL/CITY</b>  |  |  |                   |                |               | <b>\$0.00</b>           |

Employee Name: Daniel Surman  
Title: Production Supervisor  
Date: 05/13/2019

Authorized by: Alan Jazvac  
Title: Production Manager  
Date: 05/13/2019

Telephone: [Redacted]

Telephone: [Redacted]

Signature: [Redacted]

Signature: [Redacted]

**\*\*This form may not be altered in any manner. All mandatory fields must be completed and submitted in electronically. Incomplete forms will be returned to the originator for corrections prior to being processed for payment. Hand written forms will not be accepted and will be returned to the division.**

**Important note:** Employees seeking reimbursement and program administration staff are responsible for blacking out or severing the full credit card numbers and/or non-business phone numbers that may appear on original receipts before sending to Accounts Payable for processing.



Accounting Services Division  
Accounts Payable Section

### REPORT ON CONFERENCE

**Employee Name:** Daniel Surman  
**Division:** Economic Development & Culture  
**Date Submitted:** May 13, 2019  
**Name of Conference:** Working at Heights  
**Location:** 21 Voyager Ct S, Etobicoke, ON  
**Date(s) Attended:**

**Describe the benefits from attending the Conference (including any benefits to you and to the City):**

**Personal Development:**

The knowledge and practical experience gained by taking this course is critical to planning and execution of our projects by the Production unit in City Cultural Events.

**Networking:**

**City Benefits (including financial benefits):**

This course is legislated for all workers executing work at heights over 3m.

Employee's signature



Date: MAY 13 2019

Approved by (please print):

General Manager, EDC

Signature:



Date: MAY 22 2019

Note: Please complete this form within 10 days after attending the conference.

RECEIVED  
MAY 21 2019

# Request for Authorization

## Attendance at Conferences/Seminars, Training and Business Travel

This form should be completed and the necessary approvals obtained at least 10 business days in advance of undertaking any training, business travel, and/or attending any conference/seminar.  
The \$3,500 limit does not apply to training. Please refer to the completion guidelines of this form and all related policies.

Conference  Seminar  Training  Business Travel

|  |   |   |   |
|--|---|---|---|
| <b>Name:</b>   | Dan Surman  |   |   |
| <b>Division:</b>   | Economic Development and Culture  |   |   |
| <b>Work Address:</b>   | City Hall - 100 Queen Street West, 6th Floor, West Tower Toronto ON M5H 2N2 |   |   |
| <b>Name of Conference/Seminar/Training:</b>  | Working at Heights - Fundamentals of Fall Prevention                        |   |   |
|  | Within GTA <input checked="" type="checkbox"/>                              | Outside GTA & within Ontario <input type="checkbox"/> | Outside Ontario/Canada <input type="checkbox"/> |
| <b>Destination:</b>  | 1 day   |   |   |
| <b>Start Date:</b>   | 02-May-19   | <b>End Date:</b>                                      | 02-May-19                                       |
| <b>Are breakfast, lunch and/or dinner meals provided by the Sponsor? Please specify: (Meals will be deducted from per Diem as stated in Business Exp Policy)</b> |   |   |   |
| no meals provided  |   |   |   |
| <b>Purpose: Use space provided below for full description</b>  |   |   |   |
| To ensure fall prevention while working at heights for our events such as Canada Day, Nuit Blanche Toronto, Cavalcade of Lights and New Year's Eve.              |   |   |   |
| <b>ESTIMATED COSTS: (The estimated costs should include HST and all other applicable taxes)</b>  |   |   |   |
| <b>*Use Exchange rate(s):</b>  | 1 unit local currency =   | CAD   |   |
|  | 1 unit local currency =   | \$  |   |
|  | 1 unit local currency =   | \$  |   |
| <b>Registration Fees: (Conference/Seminar/Training)</b>  |   | <b>Foreign Currency*</b>                              | <b>Canadian\$ (incl. tax)</b>                   |
|  |   |   | \$146.90  |
| <b>Accommodation: (Standard Single Room)</b>   |   |   |   |
| <b>Number of Days:</b>   | 0   | X   | 0 /day incl. taxes                              |
| <b>Travel Method:</b>  |   |   |   |
| Air <input type="checkbox"/>   | Train <input type="checkbox"/>  | Bus <input type="checkbox"/>                          |   |
| <b>Personal Vehicle:</b>   | km  | X   | \$0. CAD/km                                     |
| <b>Ground transportation: (including car rental, to/from airports) Specify estimates:</b>  |   |   |   |
| <b>Sundry Expenses: (See Business Expense Policy; Meals provided are deducted)</b>   |   |   |   |
| <b>Number of Days:</b>   | N/A   | X   | \$_.00 CAD or USD                               |
| <b>Sub-Total Estimated Costs:</b>  |   |   |   |
| <b>- Other Business Meeting expenses outside of Conference costs, please specify:</b>  |   |   |   |
| N/A  |   |   |   |
| <b>TOTAL ESTIMATED COST:</b>   |   |   | \$146.90  |
| <b>Cost Centre/ WBS Element to be charged:</b>   | SE0010  |   |   |
| <b>Functional Area to be charged:</b>  | 1560200000  |   |   |

I certify that all estimated costs are correct and reasonable for the purpose of this form.

Signature of Employee:

[Redacted Signature]

MAR 4 2019  
(date)

I have confirmed that approved funds are available for this purpose:

**Approval for Proposed Expense**

|   |                      |             |                  |
|---|----------------------|-------------|------------------|
| <b>Division Head or</b>                           | <b>Mike Williams</b> |             |                  |
|   | (print name)         |             | (date) Mar 21/19 |
| <b>Deputy City Manager:</b>                       |                      |             |                  |
|   | (print name)         | (signature) | (date)           |
| <b>City Manager/Mayor:</b>                        |                      |             |                  |
|   | (print name)         | (signature) | (date)           |
| <b>Committee &amp; Report No. (if applicable)</b> |                      |             | (date)           |

February 26, 2019

Dan Surman  
City of Toronto  
55 John Street  
21st Floor  
Toronto ON, M5V 3C6

Phone: [REDACTED]

Fax:

**CONFIRMATION OF REGISTRATION**

Dear Dan,

**Course:** Working at Heights - Fundamentals of Fall Prevention  
**Date:** 02/May/2019 8:00 AM - 02/May/2019 5:00 PM (1.00 day(s))  
**Instructor:** Rob Jackson  
**Location:** Voyager Training Centre - IHSA, 206 - Classroom (WAH Room)  
21 Voyager Court South  
Toronto, ON M9W 5M7

We are pleased to confirm your registration for the Working at Heights - Fundamentals of Fall Prevention training. The training program will take place as noted above. If this confirmation is incorrect in any way, please notify the customer service representative noted below at least ten business days prior to the program start date. IHSA reserves the right to cancel any program due to insufficient enrolment or other causes. In the event of a program cancellation, IHSA will contact you for a transfer to another program or cancellation of registration.

IHSA encourages all training participants to verify that their course is being conducted, as scheduled, prior to traveling. Course cancellations, due to inclement weather or emergency circumstances will be posted by 5:30 am the morning of the event. Participants can find this information on the homepage of [www.ihsa.ca](http://www.ihsa.ca) via the button "Inclement Weather Notices" found at the top left corner of the page.

**Participants must wear appropriate clothing, as well as bring their own CSA approved head, foot and eye protection to be worn during the hands-on exercises. The participant will not be permitted to participate in the course if they do not bring the noted personal protective equipment and tools. Participants must bring a valid piece of photo ID to the training program to confirm their registration (Driver's License, Permanent Resident Card, Passport, Student Card).**

Program fees are due upon registration. Participants who are registered in a IHSA facility training program, but who do not attend or do not provide written notification of the cancellation at least ten business days prior to the program start date, are responsible for the full fee. Participant substitutions may be made until program commencement. Participants will receive a record of training upon completion of this program and upon receipt of full payment.

Thank you for choosing IHSA for your training needs.

Sincerely,

Angie Stocco  
Customer Service Representative

Alan Jazvac

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**From:** INFRASTRUCTURE HANDS ASSO [REDACTED]  
**Sent:** February 26, 2019 12:30 PM  
**To:** Angela Stocco  
**Subject:** Transaction Receipt - Do Not Reply

INFRASTRUCTURE HANDS ASSO  
5110 Creekbank Rd  
Suite 400  
Mississauga ON  
L4W 0A1  
[REDACTED]

[www.ihsa.ca](http://www.ihsa.ca)

TRANSACTION RECORD

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APPROVED  
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TYPE PURCHASE

ORDER ID REG-228191-Z2F4J4  
CUSTOMER ID 98321

AMOUNT (CAD) \$1028.30

CARD NUM \*\*\*\* \* [REDACTED]  
ACCOUNT MC

DATE Feb 26 2019 12:24PM  
REF NUM 661639570018830430 M

AUTH CODE 122436

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APPROVED - THANK YOU 027  
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REFUND POLICY  
[http://www.ihsa.ca/terms\\_conditions/index.cfm](http://www.ihsa.ca/terms_conditions/index.cfm)

-----ITEM DETAILS-----

TOTAL CAD \$1028.30 / 7 Registrations